

	Western Regional Advisory Committee (RAC) Meeting Minutes September 1, 2009 4:30 p.m 7:00 p.m. Hagerstown Hotel	
Agenda Item	Discussion	
 Welcome Introduction of IDEHA Staff and Participants Meeting Framework 	 Maureen Blanco and Jennifer Taylor-Gray welcomed everyone to the meeting. Introductions occurred. Maureen Blanco reviewed the purpose of the RAC and this month's meeting. 	
Overview of RACMeeting Purpose		
Infectious Disease and Environmental Health Administration (IDEHA) Overview Heather Hauck	 Heather Hauck, Director of IDEHA, introduced the integration of the Maryland AIDS Administration and the Community Health Administration. IDEHA, Infectious Disease and Environmental Health Administration is the same services and program areas the AIDS Administration always had, in addition to other disease threats and environmental health issues. IDEHA is meant to strengthen the programs by offering a more coordinated approach, introducing an overall common health protection message, provide greater collaboration within departments, as well as increase the DHMH ability to monitor the quality of health care provided to affected individuals and communities. (Handouts provided) 	
Legislative & Policy Update William Honablew	William gave an overview of the issues related to the renewal of the Ryan White Act and other upcoming legislation.	
The Role of the RAC Co- Chair Claudia Gray	 Claudia Gray gave an overview of the purpose and role of the RAC Co-Chair. Major duties of the Co-Chair are to provide leadership on recruitment of HIV infected and affected members. The RAC Co-Chair is a two year term and may serve for two consecutive terms. Jennifer Taylor-Gray has served for two years and has decided to step down. Jennifer commented on the job of a Co-Chair and commended IDEHA on the ease of responsibilities of the position. Robert Watkins nominated himself for the position of Co-Chair for Western RAC. Maureen Blanco indicated that she would be willing to serve another term. All other nominations are to be sent to Dionna Robinson. 	
Community Dialogue Overview • Small Group	 Participants broke into three groups to discuss specific issues relating to IDEHA, HIV Care Services, and the tools for advancing community change. See notes following. 	





Discussion	
Wrap-Up	• 36 total participants
 Announcements 	Meeting adjourned 7:00pm
Meeting Schedule	
(dates and sites)	
Questions/Community	
Input	



Childcare Payment Requests: 0 Travel Expense Requests: 2

Western RAC Community Dialogue

Question 1: "Tools for Advancing Community Change"

- a. If you attended the training on "Tools for Advancing Community Change," what specific actions have you taken toward influencing decision-makers to change specific policies or programs?
- b. What specific follow up actions are you planning to take over the next few months related to advancing community change? Or if you had not initiated any, what specific actions are you planning to take to advance community change over the next few months?

Group	1:
o-o-p	

a. no

b.

- Advocate with health officer to open doors to new ideas on prevention
- Increase promotions (wider, broader testing) regardless of barriers
- Furloughs have decreased staff time (48 days)
- Email legislators routinely (Ryan White)
- Testified in Annapolis for name reporting
- Speak out at local support groups, schools, co-workers, boss as an HIV positives to change behaviors

Group 2:

a. no

b.

- Volunteer to do walk to raise community awareness, lead to more interest and support group
- Increase awareness of services available that are most appropriate
- Increased media coverage/advertising increased promotions for National Testing Day: Articles, above bridges flyers, sent to MD groups/clinics
- Case managers assigned to Dr. offices/provider sites
- VETS set up AIDS awareness booths and had testing available

Group 3:

a. no

b.

- Call, write letters with possible solutions to legislators and county commission.
- Proclamations increase change to advocate
- Frederick County AIDS walk, good press coverage with radio/newspaper
- Community testing
- Church of the Brethren-AIDS ministry initiated with support group now implemented.
- Educating family members
- Increased education and advocacy



- Encourage others to get tested to know their status
- AIDS walk: participating and encourage others to walk. It sends a powerful message
- Social situations identify case manager for HIV education and increased testing
- Builds partnerships including
 Frederick county-key to making
 change in community schools, faith
 based organizations, correctional
 facilities ,change in original
 perception of advocate lead to open
 doors
- Spoke with dept of education to help with curriculum in schools system
- Actions in community change: Speak with advisor mentor, be more vocal with legislators, increase emails, partnership with church of the brethren, plan teen outreach after school initiative, educate providers with industry for grant to do IT messaging with risk reduction (slowly)

- Spoke to youth at house in community, everywhere
- Use peer networking testing\ Briefly touch on needle exchange
- Promote HIV, TB, Hepatitis testing Allegheny pregnancy prevention for teens
- Who are the people you want to influence? School Board, educators, senators, reps of the county, parents to be open minded, make it personal, regulators for methadone program

- noticed through increased discussions.
- World AIDS day at local level
- Program for parents of youth (separate) and single young adults view a recording of DVD from school system and bring together with "Positive Voices"
- Continue the Power Program on an individual level
- Retreat for men to educate implement through Rise=RW wants it to continue
- HC reforms that will disable ambiguity on health services and enable everyone to be served.







Question 2: HIV Care Services.

- a. How has the economy had any impact on your ability to get HIV care (or provide care)?
- b. What recommendations do you have to improve health services?

Group 1:

- Less staff time
- Afraid of not knowing if staff will be around to provide the services needed.
- Consumers will need assurances that services will be available
- Possibly less \$ for services; transportation
- Donations at churches for extra support
- Priorities: medication assistance, seropositive clinic, medical case mgmt, care to HIV individuals, prevention services, direct care
- GAPS: Other than Hopkins Clinic no other HIV specialty service available, Dual diagnosis of individuals with Hep C, housing, utilities, dental care, insurance, simplify MADAP/MHIP

Group 2:

- State furloughs; already understaffed.
- More transportation questions for funding
- Needs for services have increased
- More assistance with utilities and rent
- Services are not known
- Education is lacking in Frederick
- Education is needed with services.
- Fear in Economy--Case managers will be loaded with more work with a cut in core funding.
- How do you face budget cuts without taking away the quality of care?
- Case managers have a higher case load; hurts rapport with clients.
- New clients have a more difficult time.

Group 3:

- Economy impact more people in the doors
- Higher case load
- Can't hire anybody
- People are coming in more of need, more help
- Consumers have had stability, put concerned with losing staff, hurts rapport; difficult to build rapport.
- Recommendations: Ask for volunteers, medical transportation is becoming an increased need, need for more medical providers, health dept is the only choice, no other options.
- Priorities: communication, medical services JHU, sero-positive clinic, case managers, EFA emergency financial assistance.





Question 3: The Infectious Disease and Environmental Health Administration. a. How can the IDEHA provide better care to the community?

Group 1:

- STD test kits: Testing--limit of testing kit types--policy of waiver of detention centers--support increase demand testing.
- Utilization of mobile testing will increase testing. Multiple services. Outreach mission of H.D. Mobile unit also testing flu and H1N1 reducing stigma
- Great partner services and HIV care

Group 2:

- More case managers and more focus on patient care from case managers.
- Decrease case loads for case managers.
- Public awareness of services, informing the community.
- Compile list internal resources specifically for the Frederick Area.
- T.A. to providers
- Resources to community
- Promote CBO services
- Educate MD/ T.A. on rules and testing
- Increase MD HIV/AIDS knowledge in advocacy training and basic education
- Funding

Group 3:

- Conduct a needs assessment--What are they? What is missing?
- Make available to entire state--Services, avail, in school
- Needs: HOPWA-long term housing, rental asst (FEA), working LHD--D.S.S.
- Prevention \$, testing \$, sero + Hopkins, oral health, food gift cards, mental health, RAC food at meetings.
- Barriers: Staffing, space, clinics held on different days.
- HIV/AIDS not lose voice.